

SERFF Tracking Number:	THEI-125634221	State:	Arkansas
Filing Company:	T.H.E. Insurance Company	State Tracking Number:	## \$50
Company Tracking Number:	ARWCR8		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

Filing at a Glance

Company: T.H.E. Insurance Company	SERFF Tr Num: THEI-125634221	State: Arkansas
Product Name: Workers' Compensation	SERFF Status: Closed	State Tr Num: ## \$50
TOI: 16.0 Workers Compensation	Co Tr Num: ARWCR8	State Status: Fees verified
Sub-TOI: 16.0004 Standard WC	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
Filing Type: Rate	Author: Kristine Faba	Disposition Date: 05/09/2008
	Date Submitted: 05/09/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal): 07/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: Not applicable in Louisiana
Reference Organization: NCCI	Reference Number: AR-2008-02
Reference Title: Arkansas Approved Advisory Loss Costs	Advisory Org. Circular: AR-2008-06
Filing Status Changed: 05/09/2008	
State Status Changed: 05/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
The purpose of this filing is to advise the Department of T.H.E. Insurance Company's intention to adopt the revised prospective loss costs filed by NCCI and approved by the Department to be effective on July 1, 2008. T.H.E. will not be making any changes to its previously filed and approved loss cost multiplier of 1.35.	

Thank you for your consideration of our filing

<i>SERFF Tracking Number:</i>	<i>THEI-125634221</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>T.H.E. Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>ARWCR8</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Company and Contact

Filing Contact Information

Kristine Faba, WC filing analyst	kfaba@alliedspecialty.com
10451 Gulf Boulevard	(727) 367-6900 [Phone]
Treasure Island, FL 33706-4814	(727) 360-4232[FAX]

Filing Company Information

T.H.E. Insurance Company	CoCode: 12866	State of Domicile: Louisiana
10451 Gulf Boulevard	Group Code:	Company Type: P&C
Treasure Island, FL 33706-4814	Group Name:	State ID Number:
(727) 367-6900 ext. 1216[Phone]	FEIN Number: 04-2451053	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	T.H.E. is filing to adopt NCCI's loss costs with no changes to our current loss cost multiplier. The fee is \$50 for this type of filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
T.H.E. Insurance Company	\$0.00	05/09/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0024099	\$50.00	05/08/2008

SERFF Tracking Number: THEI-125634221

State: Arkansas

Filing Company: T.H.E. Insurance Company

State Tracking Number: #? \$50

Company Tracking Number: ARWCR8

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/09/2008	05/09/2008

SERFF Tracking Number: THEI-125634221
Filing Company: T.H.E. Insurance Company
Company Tracking Number: ARWCR8
TOI: 16.0 Workers Compensation
Product Name: Workers' Compensation
Project Name/Number: /

State: Arkansas
State Tracking Number: #? \$50
Sub-TOI: 16.0004 Standard WC

Disposition

Disposition Date: 05/09/2008
Effective Date (New): 07/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
T.H.E. Insurance Company	-12.800%	\$7,436	15	\$58,090	%	%	-12.800%

SERFF Tracking Number:	THEI-125634221	State:	Arkansas
Filing Company:	T.H.E. Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	ARWCR8		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Rate/Rule Filing Schedule	Approved	Yes

SERFF Tracking Number: THEI-125634221
Filing Company: T.H.E. Insurance Company
Company Tracking Number: ARWCR8
TOI: 16.0 Workers Compensation
Product Name: Workers' Compensation
Project Name/Number: /

State: Arkansas
State Tracking Number: #? \$50
Sub-TOI: 16.0004 Standard WC

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	2.700%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	Prior Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
T.H.E. Insurance Company	-12.800%	-12.800%	\$7,436	15	\$58,090	%	%

SERFF Tracking Number:	THEI-125634221	State:	Arkansas
Filing Company:	T.H.E. Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	ARWCR8		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Rate/Rule Filing Schedule	WC Rate Page eff 7/1/08	Replacement	ARWCR7 ARK RATE FILING SCHED 7-1-08.pdf

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ARWCR8 SERFF #THEI-125634221
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Prior Approval				
4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
T.H.E.	(12.8%)	(12.8%)	(\$7,436)	15	\$58,090		
			2007 prem.	In 2007	In 2007		
4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+2.7%
7.	Effective Date of last rate revision	1/1/08
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Arkansas WC Rate Page eff. 7/1/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ARWCR7
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Workers' Compensation Rates
T.H.E. Insurance Company
State of Arkansas
Eff. 7/1/08

Class Code	Description	Loss Cost	LCM	Final Rate
7380	Drivers	2.22	1.35	3.00
8017	Retail Store	0.77	1.35	1.04
8742	Outside Sales	0.31	1.35	0.42
8810	Clerical	0.16	1.35	0.22
9016	Amusement Park	4.08	1.35	5.51
9083	Restaurant	1.06	1.35	1.43
9180	Amusement Device Op.	2.43	1.35	3.28
9186	Carnival, Traveling	34.91	1.35	47.13

SERFF Tracking Number: THEI-125634221 State: Arkansas
Filing Company: T.H.E. Insurance Company State Tracking Number: #? \$50
Company Tracking Number: ARWCR8
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 05/09/2008

Comments:

Attachment:

ARK PC T1 7-1-08.pdf

Satisfied -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 05/09/2008

Comments:

We are not changing our currently approved loss cost multiplier of 1.35. Copy of original filing, approved as of 1/15/02, attached.

Attachment:

AR RF-WC 1-15-02.pdf

Satisfied -Name: NAIC loss cost data entry document **Review Status:** Approved 05/09/2008

Comments:

Attachment:

AR WC LC DATA ENTRY 7-1-08.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
	N/A				N/A
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
T.H.E. Insurance Co.	LA	12866	04-2451053		

5. Company Tracking Number	ARWCR8 SERFF #THEI-125634221
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kristine Faba, T.H.E. Ins. 10451 Gulf Blvd., Treasure Island, FL 33706	WC Under- writer	(800) 237- 3355 X 1273	(727) 360- 4232	kfabam@alliedspecialty. com
7. Signature of authorized filer		<i>Kristine Faba</i>		
8. Please print name of authorized filer		Kristine Faba		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0, Workers' Compensation			
10. Sub-Type of Insurance (Sub-TOI)	16.004			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New: 07/01/2008	Renewal:	07/01/2008	
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	NCCI			
17. Reference Organization # & Title	AR-2008-02, Arkansas Approved Voluntary Loss Costs			
18. Company's Date of Filing	5/9/2008			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	ARWCR8	SERFF #THEI-125634221
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to advise the Department of T.H.E. Insurance Company's intention to adopt the revised prospective loss costs filed by NCCI and approved by the Department to be effective on July 1, 2008. T.H.E. will not be making any changes to its previously filed and approved loss cost multiplier of 1.35.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 0024099

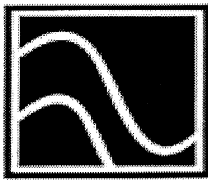
Amount: \$50.00

T.H.E. is filing to adopt NCCI's loss costs with no changes to our current loss cost multiplier. The fee is \$50 for this type of rate filing.

Check is being mailed on 5/9/2008 via certified mail.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**T.H.E. Insurance Company, Inc.**Operating Account
10451 Gulf Boulevard
Treasure Island, FL 33706

CHECK DATE	CHECK NUMBER
5/08/2008	0024099
VENDOR NUMBER	
FEE08	

INVOICE DATE	INVOICE NUMBER	REFERENCE	AMOUNT PAID
5/05/2008	FEE08	WC RATE FILING ADOPT NCCI LOSS COSTS	50.00
CHECK TOTAL			50.00

VENDOR NUMBER	CHECK DATE	CHECK NUMBER
FEE08	5/08/2008	0024099

INVOICE DATE	INVOICE NUMBER	REFERENCE	AMOUNT PAID
5/05/2008	FEE08	WC RATE FILING ADOPT NCCI LOSS COSTS	50.00
CHECK TOTAL			50.00

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

T.H.E. Insurance Company, Inc.
Operating Account
10451 Gulf Boulevard
Treasure Island, FL 33706AmSouth Bank
The Relationship People

CHECK DATE	VENDOR NUMBER	CHECK NUMBER
5/08/2008	FEE08	0024099

63-466
631

CHECK AMOUNT
\$50.00

VOID AFTER 90 DAYS

PAY Fifty and 00/100 Dollars

TO THE ORDER OF
INSURANCE DEPARTMENT TRUST FUND
ARKANSAS DEPT OF INSURANCE
1200 W THIRD STREET
LITTLE ROCK AR 72201
AUTHORIZED SIGNATURE

⑈0024099⑈ ⑆063104668⑆ 7966710073⑈

Arkansas

ARKANSAS INSURANCE DEPARTMENT
WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE 12/7/01

Page 1 of 2

1. INSURER NAME T.H.E. Insurance Company
ADDRESS 10451 Gulf Blvd.
Treasure Island, FL 33706

PERSON RESPONSIBLE FOR FILING Kristine Faba
TITLE Compliance Administrator TELEPHONE NO. (800) 237-3355

2. INSURER NAIC NO. 12866 GROUP NO. 000

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR#01-01

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>1/15/02</u>
B. PROPOSED PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>1/15/02</u>
7. A. PRIOR RATE LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>N/A</u>
B. PRIOR PREMIUM LEVEL CHANGE	<u>N/A</u>	%	EFFECTIVE DATE	<u>N/A</u>

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. Check one of the following:

- ☒ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.
- ☐ The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ADP&C JAN 13 2002

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM CALCULATION OF COMPANY LOSS COST MULTIPLIER

INSURER NAME T.H.E. Insurance Company DATE 12/7/01
NAIC NO. 12866 GROUP NO. 000

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form?
☒ Yes ☐ No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.
2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing (CHECK ONE):
☒ Without modification (factor = 1.000).
☐ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
 - B. Loss Cost Modification expressed as a Factor 1.000 (see examples below).
3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)
PROJECTED EXPENSES: Compared to standard premium at company rates.

	Selected Provisions
A. Total Production Expense	<u>24.48</u> %
B. General Expense	<u>0</u> %
C. Taxes, Licenses and Fees	<u>3.02</u> %
D. Underwriting Profit and Contingencies*	<u>(1.0)*</u> %
E. Other (explain)	<u>0</u> %
F. TOTAL	<u>26.5</u> %

* Explain how investment income is taken into account.

4. A. Expected Loss and Loss Adjustment Expense Ratio:
ELR = 100% - 3F = 735 %
B. ELR in decimal form = .735
5. Overall Impact of Expense Constant and Minimum Premiums:
(A 2.3% impact would be expressed as 1.023.) 1.01
6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation
Recognition in Retrospective Rating:
(An 8.6% average discount would be expressed as 0.914.) (Not Applicable) 1.00
7. Company Formula Loss Cost Multiplier:
(2B / [(6 - 3F) × 5] = 1.35
8. Company Selected Loss Cost Multiplier = 1.35
Explain any differences between 7 and 8: _____

9. Are you amending your minimum premium formula? If yes, attach documentation including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc. Yes ☐ No ☒
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change. ☐ ☒

* Underwriting profit of 5% offset by 6% Return on PHS (average of 1999 and 2000 Return on PHS as shown in A.M. Best Reports)

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #		ARWCR8 SERFF # THEI-125634221	
2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number		NCCI # AR-2008-02	
3.	Company Name		Company NAIC Number	
3.	T.H.E. Insurance Company		12866	
4.	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)	
4.	A. 16.0, Workers' Compensation		B. 16.004	

5.							
(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
Workers' Comp.	-12.8%	-12.8%	.735	1.000	1.35	N/A	1.35
TOTAL OVERALL EFFECT	-12.8%	-12.8%					

6.		5 Year History		Rate Change History			
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
		+2.7	1/1/08				
		-5.4	7/1/07				
		-0.5	7/1/06				
		-1.5	7/1/05				
		+0.5	7/1/04				
		+1.8	7/1/03				
		-4.5	7/1/02				

7.		Expense Constants		Selected Provisions
A. Total Production Expense				24.48
B. General Expense				0
C. Taxes, License & Fees				3.02
D. Underwriting Profit & Contingencies				-1.0
E. Other (explain)				0
F. TOTAL				26.5

8. Y Apply Lost Cost Factors to Future filings? (Y or N)
9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): N/A
10. -12.8 Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable): N/A